2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F01000004986

Entity Name: L.R.B. GROUP, INC.

Jan 30, 2002 8:00 AM Secretary of State

Current Principal Place of Business: New Principal Place of Business:

P.O. BOX 909 JASPER, TN 37347

Current Mailing Address: New Mailing Address:

P.O. BOX 909 JASPER, TN 37347

FEI Number: 62-1641724 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

NRAI SERVICES, INC. 526 EAST PARK AVENUE TALLAHASSEE, FL 32301 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X). Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCD () Delete Title: PCD (X) Change () Addition BARNETT, PAUL BARNETT, PAUL Name: Name: 3326 ROBERTS RD 3326 ROBERTS RD Address: Address: City-St-Zip: CHTTANOOGA, TN City-St-Zip: CHATTANOOGA, TN 37416

Title: VD () Delete Title: VD (X) Change () Addition

Name: DAVIS, HAL Name: DAVIS, HAL

 Address:
 11901 GRIFFITH HWY
 Address:
 11901 GRIFFITH HWY

 City-St-Zip:
 WHITWELL, TN
 City-St-Zip:
 WHITWELL, TN 37397

Title: VSD () Delete Title: VSD (X) Change () Addition

 Name:
 DAVIS, REJEANA
 Name:
 DAVIS, REJEANA

 Address:
 1122 GRIFFITH HWY
 Address:
 1122 GRIFFITH HWY

 City-St-Zip:
 JASPER, TN
 City-St-Zip:
 JASPER, TN 37347

Title: TD () Delete Title: TD (X) Change () Addition

 Name:
 SOX, BRYAN
 Name:
 SOX, BRYAN

 Address:
 455 RIVERBAND DR.
 Address:
 455 RIVERBAND DR.

 City-St-Zip:
 JASPER, TN
 City-St-Zip:
 JASPER, TN 37347

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HAL DAVIS VD 01/30/2002